

agent, and the best dose under various circumstances become entirely clear.

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## Keeping Abreast of Inflation

*To the Editor:* As inflation presses faster upon us it is time the physicians of California devoted some more detailed study to the inflationary way of life.

One basic feature of inflation is that there is no longer a fixed value to the currency. This was assured by the shift to a fiat currency this past year. Thus if you evaluate an object or service rendered in dollars you must recognize that it is the dollar of the moment in which you are speaking. If you wish to compare to the value at another time, those current dollars must be converted. At present the

Consumer's Price Index of the U.S. Bureau of Labor Statistics seems to afford the most widely used dollar value comparator.

In the practice of medicine we can evaluate our services in units. This unit has a definite fixed standard (*i.e.* one office visit, one-fourth hour of anaesthesia, or whatever suits your practice). This evaluation in units remains the same from year to year. To understand inflationary pressures on your income the units of service rendered, the unit value in dollars of the present or projected time, and the value in dollars in a base time period all need to be considered.

The table shown provides one such comparison. The underlined figures in the table show the relationship between spendable income in 1960 with a unit value of \$5.00 and the spendable income in 1968 with a unit value of \$7.00. Any one can work out his own table for his own units of income. It should be noted that in most practices the cost of doing business has increased at least 50 percent and often up to 75 percent since 1960. Thus a 10,000-unit service performance in 1960 may have broken down to 4,200 units for business expense and 800 units for deductible personal expenses. If your units of service performed are the same in 1968 as in 1960 and you have raised your unit value from \$5.00 to \$7.00, you would have money to cover a \$10,000 increase in business expense and deductible personal expenses. If, however, you had an actual increase of \$15,000 instead, you needed a unit valuation of \$7.50 to just about break even in the comparison of 1968 spendable income with 1960.

This, of course, allows no increase in compensation for any greater knowledge and proficiency

		<i>Married, two dependents</i>				<i>Unmarried</i>		
Units earned (see below) . . . . .	5,000	5,000	6,000	6,000	7,000	7,000	5,000	5,000
Unit Value . . . . .	\$5	\$7	\$5	\$7	\$5	\$7	\$5	\$7
Gross in 1960 Dollars . . . . .	\$25,000	\$35,000	\$30,000	\$42,000	\$35,000	\$49,000	\$25,000	\$35,000
Tax in 1960 . . . . .	6,808	11,806	9,146	15,764	11,806	18,924	11,916	17,840
Net Spendable Income, 1960 . . . . .	<u>18,192</u>	23,194	<u>20,854</u>	26,236	<u>23,194</u>	30,076	<u>13,084</u>	17,160
Tax in 1968 . . . . .	7,226	12,073	9,471	16,050	12,073	20,405	11,101	17,748
Net Spendable Income, 1968 . . . . .	17,774	22,927	20,529	25,950	22,927	28,595	13,899	17,252
Ditto in 1960 Dollars (80¢) . . . . .	14,219	<u>18,342</u>	16,423	<u>20,760</u>	18,342	<u>22,876</u>	11,119	<u>13,802</u>
Net spendable income from next dollar earned in 1960 Dollars (80¢) . . . . .	47½¢	38½¢	43½¢	36¢	38½¢	32¢	22½¢	28¢

Units earned represent the units available as spendable income (before taxes) after the units spent as business expense and personal deductions have been removed. Any increase in these two items beyond the increase afforded by unit value change would necessitate an overall increase in the number of units of service performed and collected. The underscored figures relate the net spendable income in 1960 and 1968 to a constant purchasing power.

Note: The valuation of 1968 dollars as 80 cents in terms of 1960 dollars is as projected on December 31, 1968. As of October, 1968, it is approximately 81 cents.

in public service that eight years may have developed in you. It also allows no compensation for the loss in purchasing power of any money you may have had invested to yield less than 4.5 percent after taxes during 1968.

It is to be hoped that each physician will look carefully at the problems of inflation. He should put his house in shape to keep available to him that share of spendable income he may have become accustomed to receiving. He should pressure his leaders in the CMA to keep fees not only usual and customary but also *timely*. Certainly tolerance of cut rates in Medicaid, Compensation, Medicare, and State Finance Department cases is opening the floodgates to a rather shocking reduction in your spendable income when the final phases of the Wagner-Murray-Dingell Bill are enacted by Congress.

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## "Acute Renal Failure Due To a Bismuth Preparation"

*To the Editor:* Your "Letters to the Editor" section recently (Calif. Med., Dec. 1968, pages 521-522) featured an exchange of views between Dr. Murray C. Zimmerman and Dr. John A. James, in which Dr. Zimmerman took exception to Dr. James' position on the use of an oral bismuth preparation (Bistrimate®) as documented by Dr. James in his paper "Acute Renal Failure Due to a Bismuth Preparation" (Calif. Med., Oct. 1968, pages 317-319). In presenting his own ideas on the subject, Dr. Zimmerman stated "In the Los Angeles area, Dr. James could either run this through MED-LARS data retrieval computer at UCLA, or use the cheaper and more efficient older model data retrieval device, produced by unskilled labor and with no repair, maintenance or amortization cost known as the "George X. Trimble."

Although I am not especially well informed about what the internal problems of UCLA MED-LARS happen to be at the moment, I can with some authority say that Dr. Zimmerman is not entirely accurate in his characterization of my filing system, for one segment of the unskilled labor division recently had to have some maintenance work

in the form of an appendectomy while another is scheduled for some dental repair. Notwithstanding the limitations that such strictures impose on the efficacy of our medical information storage and retrieval project, I would nevertheless like to rise to the occasion and submit some comments which may be helpful in reconciling the disparate views of the above-mentioned respondents.

I would not take issue with Dr. James' introductory statement in his paper, to wit, "It is well known that the salts of bismuth are toxic to the kidney." It should be noted, however, that much of the documentation that supports this thesis deals with parenteral bismuth preparations. Nor shall I comment on the validity of the summary of his paper, which starts out, "A case of acute renal failure in a 14-year-old girl due to an oral bismuth preparation is reported"—a conclusion which Dr. Zimmerman considers unwarranted, and "not proved."

I do, however, want to direct attention to that part of Dr. James' reply which reads, "This drug (bismuth sodium triglycollamate [Bistrimate]) was implicated in two of the recent cases of acute bismuth nephrotoxicity cited in the case report." Lest the true nature of this implication not be clearly understood, I feel it should be pointed out that in the one case the patient, an 8-year-old girl, ingested some 250 tablets of Bistrimate (each containing 75 mg of elemental bismuth) over a four-month period. In the other case the patient, a 19-year-old girl, ingested in presumably a brief period of minutes or seconds, 21 tablets of Bistrimate (equivalent to 1,500 mg of elemental bismuth). Thus, it should be clearly understood that at least in these two cases the toxic effects were related to a dosage well in excess of the therapeutic range. By comparison the patient described by Dr. James in his paper took over a period of a few hours "7 or 8 pain pills" which were later identified as tablets of Bistrimate, each containing 75 mg of elemental bismuth. While the dosage in this instance exceeds that recommended by the manufacturer, it is still considerably less than the dosages involved in the above-mentioned cases. This distinct difference in dosage would tend, in my estimation, to raise some doubt as to whether the reaction described by Dr. James was actually due to the oral bismuth preparation.

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